

Minutes of the meeting of the Health, Care and Wellbeing Scrutiny Committee held in Conference Room 1 - Herefordshire Council, Plough Lane Offices, Hereford, HR4 0LE on Monday 27 January 2025 at 2.00 pm

Committee members present in person and voting: **Councillors: Polly Andrews (Vice-Chairperson), Jenny Bartlett, Simeon Cole, Dave Davies, Mark Dykes, Elizabeth Foxton, and Richard Thomas**

Others in attendance:

H Aujla	Consultant in Public Health	Herefordshire Council
J Bailey	Press and Publicity Officer	Herefordshire Council
C Carmichael	Director of Public Health	Herefordshire Council
E Evans	Head of Service Transformation & Improvement	Herefordshire Council
Councillor C Gandy	Cabinet Member Adults, Health and Wellbeing	Herefordshire Council
H Hall	Corporate Director Community Wellbeing	Herefordshire Council
C Hawker	Director of Delegated Commissioning	NHS Herefordshire and Worcestershire ICB
Z Loughhead	Service Director - Adult Social Care and Housing	Herefordshire Council
V Major	Health Improvement Coordinator	Herefordshire Council
H Merricks-Murgatroyd	Democratic Services Officer	Herefordshire Council
K Payton	Head of Delegated Commissioning	NHS Herefordshire and Worcestershire ICB
A Rees-Glinos	Democratic Services Support Officer	Herefordshire Council
D Webb	Statutory Scrutiny Officer	Herefordshire Council

21. APOLOGIES FOR ABSENCE

Apologies for absence were received from Cllr Pauline Crockett.

22. NAMED SUBSTITUTES

Cllr Elizabeth Foxton was present as the named substitute for Cllr Pauline Crockett.

23. DECLARATIONS OF INTEREST

No declarations of interest were made.

24. MINUTES

The minutes of the previous meeting were received.

Resolved: That the minutes of the meeting held on 3 October 2024 be confirmed as a correct record.

25. QUESTIONS FROM MEMBERS OF THE PUBLIC

No questions had been received from members of the public.

26. QUESTIONS FROM MEMBERS OF THE COUNCIL

No questions had been received from councillors.

27. DENTAL SERVICES IN HEREFORDSHIRE

The committee considered a report on Dental Services in Herefordshire by NHS ICB colleagues.

The principal points of the discussion are summarised below:

1. The Director of Delegated Commissioning (NHS Herefordshire and Worcestershire ICB) introduced the report and welcomed the opportunity to update the committee on progress on dental services in Herefordshire. The committee was advised that since 2022, NHS England has delegated the responsibility for the commissioning and purchasing of dental services to the Integrated Care Board (ICB). The ICB took this on in 2023. As part of the process at looking at improvements to dental services in Herefordshire, the ICB have developed a 'Dental Recovery Plan' which is aimed to ensure that the populations across both Herefordshire and Worcestershire have access to sustainable NHS dental prevention, care and treatment. It was recognised that the national contract for dentistry is not attractive to the profession and the ICB is tackling two key issues which challenge access to NHS dentistry – the national dental contract; and workforce.
2. In response to a question about where new NHS dentists are being supervised, the Director of Delegated Commissioning (NHS Herefordshire and Worcestershire ICB) noted that a dental training school has been introduced locally which will support training and fast-tracking dentists that will be brought to the area.
3. The Head of Delegated Commissioning (NHS Herefordshire and Worcestershire ICB) added that the training school taps into some of the overseas dentists who are brought to the local area. They are fully qualified from their country of origin but NHS regulations in the UK require a period of mentoring before they can become a fully qualified NHS dentist. It is hoped that this scheme will help attract dentists into the local area. Some of the incentives that are being put in place incentivises them to stay for a minimum of three years and it is hoped that they will want to continue working in the area.
4. In response to a question about the contract hand-backs referenced in the report, the Director of Delegated Commissioning (NHS Herefordshire and Worcestershire ICB) commented that they are the hand-backs that were in place just prior to the ICB becoming the responsible commissioner between October 2022 - March 2023. As part of the assessment of dental service need, the ICB has undertaken an oral health needs assessment to identify across the 176 wards within Herefordshire and Worcestershire where the areas of greatest need are. The Dental Services Equity Audit looked at areas of deprivation, the number of children with decayed, missing and filled teeth (DMFT). The ICB have looked at how many units of dental activity (UDA) have been commissioned across

Herefordshire and how many are needed to be commissioned to get back to the pre-covid level of 55% of the population having access to NHS dentistry. Two new dental practices being commissioned in Hereford city which was located as an area of high need.

5. The Head of Delegated Commissioning (NHS Herefordshire and Worcestershire ICB) highlighted findings from the Dental Services Equity Audit, which examined the 176 wards across Herefordshire and Worcestershire. The audit revealed that Leominster has sufficient capacity within existing contracts. However, the main challenge in the area is the limited number of providers, with only one dental access service provider and one dental provider. Discussions with underperforming practices have offered reassurance regarding workforce improvements needed to meet contractual obligations. It is acknowledged that these practices will require some time to recover and demonstrate their ability to deliver the expected activity. If they fail to do so, the contracts will be withdrawn and re-commissioned to engage additional providers within the local area.
6. The Director of Delegated Commissioning (NHS Herefordshire and Worcestershire ICB) noted that providers have been informing them that the national UDA of price is insufficient to attract dentists into their practices and to have associate dentists. Nationally that was uplifted last April to £28 for a minimum UDA rate. In recognition that many practices are struggling, the ICB has taken a decision to increase that minimum UDA rate to £31 to try and support those practices in the delivery of their contracts. In addition, in relation to training practices, nationally there is a programme for dental training practices. The national training grant that is given to that provider to become a training practice has not changed for ten years and is a reason why many practices are struggling. Consequently, for any practice that is a training practice, there are plans to increase the UDA rate to £33.50. Additionally, for any trainee that is in a practice, instead of them leaving after the end of their two-year foundation practice, they will be offered a grant to stay in the NHS.
7. In response to a question about the lack of dental places in Herefordshire, the ICB has recently opened up two new dental services. One commenced last July and a further surgery will open in April, providing a significant amount of UDA which will support in the region of 10,000 patients gain access. In addition, there has been the facilitation of the takeover of the former Bupa dental practice at Pool Farm which will be taking on new NHS dental patients.
8. In response to a question about children's tooth brushing, the Consultant in Public Health explained that the Time to Shine programme received £25,000 in funding from NHS England. Due to the success of the supervised tooth brushing initiative, the local authority public health team contributed an additional £10,300. The Time to Shine programme includes five key elements, one of which is supervised tooth brushing. Notably, 1,600 children are now brushing their teeth at school as part of this initiative emphasising the benefit of prevention.

A short presentation was then delivered by officers on the success of the Time to Shine programme in 2025.

The principal points of the subsequent discussion are summarised below:

9. In response to a question about the number of schools have taken up supervised toothbrushing in Herefordshire, the Consultant in Public Health noted that schools were targeted based on deprivation. In relation to numbers, the percentage of the number of children without access to supervised toothbrushing could be provided in the future.

10. The Consultant in Public Health added that in terms of supervised toothbrushing, the council are trailblazing in its efforts to promote the service in schools.
11. The Cabinet Member Adults, Health and Wellbeing noted the potential for a mobile dental service that could be offered to areas of the county which lack public transport.
12. In response to access issues, the Director of Delegated Commissioning (NHS Herefordshire and Worcestershire ICB) noted that NHS England performance manage all ICBs by the number of patients that are new receiving access to NHS dental services and currently as a Herefordshire and Worcestershire ICB the lowest performing in terms of having the least number of patients gaining access to NHS dentistry. In relation to the DMFT issue, Worcestershire has fluoride in parts of Worcestershire and Herefordshire does not which may help to explain the variance in the DMFT rates for children under five years of age.
13. In response to people on an NHS waiting list for an NHS appointment, the Head of Delegated Commissioning (NHS Herefordshire and Worcestershire ICB) affirmed the aim to try and provide an NHS appointment for everyone on an NHS waiting list. However, it was noted that this is a multi-year plan and as part of the recovery plan the first objective is to try to return access back to pre-pandemic levels.
14. The Director of Delegated Commissioning (NHS Herefordshire and Worcestershire ICB) added that access to NHS dental services has been in decline for the last ten years. The ICB are fully committed, however, to increasing the current position of access to NHS dentistry across both Herefordshire and Worcestershire to ensure that those patients who want to access NHS services are able to.

Resolved:

That Herefordshire Council:

1. **Work with governing bodies of schools to encourage those not participating in the Time to Smile scheme to do so.**

28. CARE QUALITY COMMISSION (CQC) ASSURANCE VISIT PREPARATION

The committee considered a report on the Care Quality Commission (CQC) Assurance Visit Preparation. The Vice-Chairperson introduced the officers to present the council's report.

A short presentation on the CQC Assurance visit preparation was delivered.

The principal points of the subsequent discussion are summarised below:

1. In response to a question on the type of cases that will be presented to the CQC, the Head of Service Transformation & Improvement explained that the cases presented to the CQC will include a combination of individuals receiving care and support through the local authority, as well as unpaid carers. A total of fifty individual cases are available to be put forward.
2. The Corporate Director Community Wellbeing clarified that in terms of the cases, the CQC stipulate that they want cases of older people and those with learning

disabilities. Therefore, there must be a broad range across the piece and a certain number of cases must be picked from certain criteria.

3. In response to a question as to whether specific areas of assessment will be looked at by the CQC, the Head of Service Transformation & Improvement confirmed that the notice of assessment will land with the Corporate Director and will be asked to upload the range of information within the first three weeks. The next part of the process will involve a team at the CQC will look through all the information uploaded and will talk to partners, carers, and individuals and all of the discussions will help establish key lines of enquiry.
4. The Corporate Director Community Wellbeing added that apart from the four themes of the assessment framework, there are no key lines identified in the initial notice by the CQC. The information in terms of performance indicators will start to hone where they may want to focus their attention to in terms of the four areas.
5. In response to a question about cases that are less usual, the Service Director Adult Social Care & Housing noted that the CQC will be looking at people's experiences and when they access the fifty cases, they will be able to ask questions about people's experiences and will be in terms of equality, diversity and inclusion in the broader sense and staff experience as to communicating with people from different backgrounds and differing needs.
6. The Corporate Director of Community Wellbeing noted that some cases involve working with individuals who are less usual. The case tracker will capture the diversity of these cases and the wide range of experiences of the individuals they support.
7. In response to a question about the type of questions that may be asked, the Corporate Director of Community Wellbeing explained that officers have a good understanding of the types of questions likely to arise. Additionally, mock interviews have been conducted using a prepared set of questions to ensure readiness and confidence when talking about the work that staff have been doing.
8. In response to a question about whether the CQC speak to external providers, the Corporate Director of Community Wellbeing noted that a list of all the organisations which the council work with will be provided and the CQC will engage with them both in advance of the site visit and during the site visit itself.
9. In response to a question about the potential for another briefing on the CQC, the Corporate Director of Community Wellbeing highlighted that another briefing would be beneficial, especially with the upcoming publication of the latest self-assessment. This could be incorporated into the briefing and would help members gain a clearer understanding of the service's key strengths, as well as areas that require improvement.
10. In response to a question about whether future pressures form part of the CQC assessment, the Corporate Director of Community Wellbeing noted that people waiting for assessment is part of the CQC assessment. There is a waiting list, although smaller in size compared to other local authorities. Anyone on the waiting list is triaged and it is ensured that people are safe.
11. The Cabinet Member Adults, Health and Wellbeing acknowledged that the team have been working hard on the preparation for the CQC visit. It was noted that the outcome of the visit will be of benefit to the directorate going forward.

29. WORK PROGRAMME 2024/5

The Statutory Scrutiny Officer noted the draft work programme for the Health, Care, and Wellbeing Scrutiny Committee for the municipal year 2024/25.

The Vice-Chairperson recommended that it might be useful to wait until the JSNA report is published and whether there are any items that the committee may want to look at that time.

The Statutory Scrutiny Officer suggested that the committee should stay informed about the progress of dental services in Herefordshire. It was subsequently confirmed that this topic would be included in the draft work programme for the committee's approval at its next meeting.

The committee unanimously agreed the draft work programme for Health, Care, and Wellbeing Scrutiny Committee as contained in appendix 1.

Resolved that:

The committee agree the draft work programme for Health, Care, and Wellbeing Scrutiny Committee contained in the work programme report attached as appendix 1, which will be subject to monthly review, as the basis of their primary focus for the remainder of the municipal year.

30. DATE OF THE NEXT MEETING

The next scheduled meeting in public was confirmed as Monday 17 February 2025, 2.00 pm.

The meeting ended at 3.42 pm

Chairperson